

# CALIFORNIA AND WESTERN MEDICINE

VOLUME XXXII

FEBRUARY, 1930

No. 2

## THE COST OF MEDICAL CARE AND HOSPITALIZATION\*

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IN order to get a correct idea of this subject it is necessary to keep in mind the several factors involved. The patient is not the only consideration. At least three other elements of the problem must be recognized and properly evaluated, namely, the hospital, the nurse, and the doctor. The mutual interdependence of these is self-evident. But it is well to remember that they are *not* equally important. Both doctor and nurse existed and functioned long before there were hospitals—and do still in many communities—and with a fair degree of success. Also, doctors lived and labored before the professional nurse was even dreamed of and, again we may say, with a fair degree of success.

### SOME FACTS—AS THEY ACTUALLY ARE

The purpose of this contribution is not to defend the doctor—he needs no defense—but to say openly a few things which have too long been left unsaid. I hold no brief for my profession, but I believe that an opportunity like this should not pass without an earnest and emphatic plea that the importance and the interests of the doctor be not lost sight of in the hue and cry which has become so fashionable on this question of the high cost of sickness. If the hospital is often hard pressed to keep its head above the waters of financial disaster, if the nurse's claims for more pay and less work are based upon sound principles of justice and fair play—I charge you to remember that the doctor, the pivotal factor about which the whole machinery revolves, should also be taken fully into account in any right thinking upon the subject. That this is not always done is a matter of common knowledge. Speaking of the prevalent custom, the hospital charges are settled in full when the patient is dismissed, and with them, usually the nurse's bill. The doctor comes last. By the time he arrives the pocket-book is empty, and fortunate is he in many cases if, after prolonged and often hectic effort, he succeeds in obtaining even a portion of what is due him. Does he lack the courage to demand

his rights, or does he submit because his conception of professional ethics (God save the mark!) restrains him from open opposition to a vicious and inequitable system, notwithstanding that his very livelihood is at stake?

Prosperity is a grand sounding word, and the huge gobs of it we are said to be enjoying in America at the present time form the subject of smug and vociferous comment in the publicity media of the business world from day to day. Let us, the members of the medical profession, stop and solemnly ask ourselves to what extent we are participating in the loudly acclaimed "good times."

### THE PRACTICAL WORLD AND THE PHYSICIAN

In the economic world the physician is and always has been a sorry spectacle. Immersed in the exacting responsibilities of his daily work, beset with the almost insuperable difficulties of keeping abreast of his rapidly developing science, he has little time for thought of material gain. An easy mark for the public, he is exploited with increasing flagrance by national, state, county, and municipal governments. As for his position in the domain of industry he has become merely a cog in the wheel, a pawn in the game of big business. For let no one delude himself that the interest of business in this problem of the cost of sickness is in any sense philanthropic or altruistic. It is rather a matter of the actual cash savings to be realized by the wholesale purchase of medical service. And the doctor apparently takes no heed of the ignoble position in which he places himself or the discredit he brings upon his profession by lending his aid to further the schemes of cold-blooded commercialism. It is little wonder that the individual should be contaminated by the spirit of that which he serves, and that the profession as a whole should find itself more and more on the defensive, fighting to retain the respect and esteem which constitute its honorable birthright.

If financial gain or material preferment of any kind followed the operation of customs and conditions such as have been mentioned, the uncomplaining acquiescence of the doctor in these and similar abuses would not be so hard to understand. In this connection I have only to remind you of what we all know, that not 10 per cent of our fellows achieve financial success from their professional labor alone, and that more than

\* Read before a joint meeting of the Southern California Medical Association and the Southern California Hospital Council, Los Angeles, November 8, 1929.

50 per cent of those who reach old age are entirely and pitifully dependent.

The idea of justice to the doctor is so seldom given expression that it will possibly sound bold and strange to many. His own attitude has always been that of dumb and spiritless acceptance of things as they are. Result: The passing years have brought economic and social uplift to all but him, and, sad to say, little promise of improvement is visible on the horizon of tomorrow. Long-suffering may be an admirable Christian virtue, but the fact remains that no other body of equal numbers and intelligence would even hesitate to promote the material interests of its members merely because of sentimental allegiance to certain hoary and outgrown traditions.

For look you! The attainment of happiness is the purpose and the right of every human being, including the doctor. Without health, happiness is merely an idle dream. The maintenance of health, then, or its restoration when impaired, must be recognized as transcending in importance all other objects of human desire and endeavor. To these ends the doctor devotes himself, assuming responsibilities of incomparable gravity and rendering services of incomparable value. Yet strange, almost passing belief is the attitude of the public on the subject. As long as health is a present reality the contingencies, nay the certainties, of the future remain matters of little concern. The purchase, usually on time, of automobiles, radios, and similar luxuries, nightly attendance at the movies and every form of indulgence and extravagance constitute the routine life of the average citizen today. Only when the inevitable sickness or calamity comes, do the doctor and the hospital receive more than passing thought. Then indeed they become agencies of supreme importance. And then what happens? Either the doctor is called and his services remunerated with a specious promise to pay hence, or, more likely, the good offices of a free clinic or hospital is sought. In the latter event the doctor (simple soul!) perforce becomes the agent of service, the only difference being that now he *knows* he will receive no compensation. The doctor and his interests are lost sight of in the shuffle. The cards are stacked against him. Glory and a dribbling of half-hearted gratitude form a large proportion of his reward for a life of arduous and self-sacrificing devotion.

#### HOSPITAL STANDARDIZATION BRINGS INCREASED EXPENSE

I cannot let the occasion pass without expressing my personal appreciation of the hospital and my sympathy with and for it in the struggle it daily faces to make ends meet. Standardization, desirable as it is, has resulted in heavy addition to the operating cost, and the many exacting demands of the times we live in continue to swell the already top-heavy overhead. And I yield to no one in commendation of the nurse, and in sympathy for her and her aims so long as she refrains from employing the methods of trades-unionism to gain her ends. But I insist as vigorously as my command of language will permit

that the doctor, too, is entitled to consideration in any fair discussion of the question before us.

The truth is that the time has fully come when we, the members of the medical profession, can no longer afford to remain passive. Already the drift toward state medicine has set in. The immediate future is full of ominous menace. Less compensation and more work under the direction of bureaus controlled by laymen, utter loss both of independence and dignity—these are a few of the dangers I seem to see lurking just around the corner.

What of the outlook for young physicians just entering upon their chosen life work?

Brethren, let us wake up!

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### ACUTE UPPER RESPIRATORY TRACT INFECTIONS IN CHILDREN\*

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IN all fields of medicine an accurate diagnosis should precede treatment that is meant to change the natural course of disease. This is especially true when the patient is a child. Often the child is unable to give an exact, detailed history, and his most accurate statements are all too often distorted in being relayed from parent to physician. Likewise, all too often this distortion is multiplied when the physician's mind is impeded by such fixed ideas as: (1) Acute illness in childhood is usually caused by improper food. (2) The intestinal tract is so nearly, if not always, the seat of the pathological process that a thorough cleaning out may, in general, precede other diagnostic endeavor.

#### SIGNS AND SYMPTOMS OF ONCOMING INFECTIONS

Loss of appetite and interest in play, with unusual irritability and otherwise unexplained fatigue, are commonly signs of approaching illness, rather than of original sin. However, the onset of an infectious process in the child is frequently characterized by sharply defined, often alarming symptoms.

*Fever.*—Fever, sudden in onset and of high degree, often marks the beginning of illness which, after the passage of a few hours, proves to be of little moment. Not infrequently a fever of 104 degrees has fallen to a moderate degree or to normal the next day and only a "head cold" is the evident diagnosis.

Fever is evidence of infection, with two exceptions: the dehydration fever, due to severe water deprivation or loss, and the allergic fever resulting from severe anaphylactic reaction in highly

\* From the Baby Hospital, Oakland.

\* Read before the Pediatrics Section of the California Medical Association at the fifty-eighth Annual Session, Coronado, May 6-9, 1929.